

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against: )

) File No. 10-2006-180168

**QUINCE LEE MABRY, M.D.** )

Physician's and Surgeon's )

Certificate No. G-52265 )

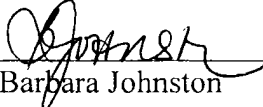
Respondent. )

**DECISION**

The attached Stipulated Surrender of License and Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California as its Decision in the above entitled matter.

This Decision shall become effective at **5:00 p.m.** on July 23, 2008.

**IT IS SO ORDERED** July 16, 2008.

  
\_\_\_\_\_  
Barbara Johnston  
Executive Director

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN, State Bar No. 155553  
Deputy Attorney General  
4 110 West "A" Street, Suite 1100  
San Diego, CA 92101  
5  
6 P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 645-2094  
7 Facsimile: (619) 645-2061  
8 Attorneys for Complainant  
9

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 QUINCE LEE MABRY, M.D.  
16 11577 Shadow Ranch Road  
La Mesa, CA 91941  
Physician's and Surgeon's Certificate No.  
G52265

17 Respondent.

Case No. 10-2006-180168

OAH No. 2008040028

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this  
20 proceeding that the following matters are true:

21 **PARTIES**

22 1. Barbara Johnston (Complainant) is the Executive Director of the Medical  
23 Board of California. She brought this action solely in her official capacity and is represented in this  
24 matter by Edmund G. Brown Jr., Attorney General of the State of California, by Martin W. Hagan,  
25 Deputy Attorney General.

26 2. QUINCE LEE MABRY, M.D. (Respondent) is representing himself in this  
27 proceeding and has chosen not to exercise his right to be represented by counsel.

28 ///

3. On or about April 30, 1984, the Medical Board of California issued Physician's and Surgeon's Certificate No. G52265 to QUINCE LEE MABRY, M.D. (Respondent). The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 10-2006-180168 and will expire on July 31, 2009, unless renewed.

## JURISDICTION

4. Accusation No. 10-2006-180168 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on March 13, 2008. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 10-2006-180168 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read and fully understands the charges and allegations in Accusation No. 10-2006-180168. Respondent has also carefully read and fully understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

8. Respondent may not petition for reinstatement of his surrendered Physician's and Surgeon's Certificate No. G52265 until a period of not less than two (2) years has elapsed from the effective date of this Decision and Order.

11

1 CULPABILITY

2 9. Respondent admits the truth of each and every charge and allegation in  
3 Accusation No. 10-2006-180168, agrees that cause exists for discipline and, further, that cause for  
4 action under Business and Professions Code section 822 exists, and hereby surrenders his Physician's  
5 and Surgeon's Certificate No. G52265 for the Board's formal acceptance.

6 10. Respondent understands that by signing this stipulation he enables the Board  
7 to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
8 process.

9 11. This Stipulated Surrender of License and Order shall be subject to approval  
10 of the Board. The parties agree that this Stipulated Surrender of License and Order shall be  
11 submitted to the Board for its consideration in the above-entitled matter and, further, that the Board  
12 shall have a reasonable period of time in which to consider and act on this stipulation after receiving  
13 it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw  
14 his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon  
15 it.

16 CONTINGENCY

17 12. This stipulation shall be subject to approval by the Medical Board of  
18 California. Respondent understands and agrees that counsel for Complainant and the staff of the  
19 Medical Board of California may communicate directly with the Board regarding this stipulation and  
20 surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent  
21 understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation  
22 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as  
23 its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect,  
24 except for this paragraph, it shall be inadmissible in any legal action between the parties, and the  
25 Board shall not be disqualified from further action by having considered this matter.

26 ///

27 ///

28 ///

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

- 2
- 3
- 4

5  
6  
7

8  
9

## 10

11  
12  
13

14  
15  
16  
17

18  
19  
20  
21  
22  
23  
24

25

26

27  
28

5. Respondent fully understands and agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 10-2006-180168 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

6. Should Respondent ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 10-2006-180168 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

## ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G52265. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1-2-08

Quince Lee Mabry M.D.  
QUINCE LEE MABRY, M.D.  
Respondent

///

///

///

///

///

///

///

///

///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

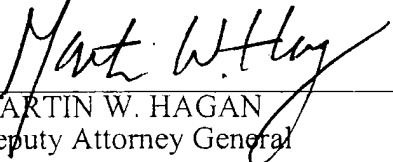
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 7/3/08

EDMUND G. BROWN JR., Attorney General  
of the State of California

THOMAS S. LAZAR  
Supervising Deputy Attorney General

  
MARTIN W. HAGAN  
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2008800186  
80254355.wpd

**Exhibit A**

**Accusation No. 10-2006-180168**



FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO May 13, 2008  
BY [Signature]

EDMUND G. BROWN JR., Attorney General  
of the State of California  
THOMAS S. LAZAR  
Supervising Deputy Attorney General  
MARTIN W. HAGAN, State Bar No. 155553  
Deputy Attorney General  
110 West "A" Street, Suite 1100  
San Diego, CA 92101  
P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 645-2094  
Facsimile: (619) 645-2061

Attorneys for Complainant

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 10-2006-180168

QUINCE LEE MABRY, M.D.  
11577 Shadow Ranch Road  
La Mesa, CA 91941  
Physician's and Surgeon's Certificate No.  
G52265

**ACCUSATION**

Respondent.

Complainant alleges:

**PARTIES**

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about April 30, 1984, the Medical Board of California issued Physician's and Surgeon's Certificate Number G52265 to QUINCE LEE MABRY, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2009, unless renewed.

////

////

## 1

2

5

9

10

13

15

16

19

21

22

23

26

27

1 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous  
2 or injurious to the licensee, or to any other person or to the public, or to the extent  
3 that such use impairs the ability of the licensee to practice medicine safely or more  
4 than one misdemeanor or any felony involving the use, consumption, or  
5 self-administration of any of the substances referred to in this section, or any  
6 combination thereof, constitutes unprofessional conduct. The record of the  
7 conviction is conclusive evidence of such unprofessional conduct.

8 "...."

9 8. Section 2350 of the Code states:

10 "(a) The division shall establish criteria for the acceptance, denial, or  
11 termination of physicians and surgeons in a diversion program. Only those  
12 physicians and surgeons who have voluntarily requested diversion treatment and  
13 supervision by a committee shall participate in a program.

14 "...."

15 "(c) Neither acceptance into nor participation in the diversion program  
16 shall preclude the division from investigating or continuing to investigate any  
17 physician and surgeon for any unprofessional conduct committed before, during, or  
18 after participation in the diversion program.

19 "(d) Neither acceptance into nor participation in the diversion program  
20 shall preclude the division from taking disciplinary action or continuing to take  
21 disciplinary action against any physician and surgeon for any unprofessional conduct  
22 committed before, during, or after participation in the diversion program, except for  
23 conduct that resulted in the physician and surgeon's referral to the diversion program.

24 "(e) Any physician and surgeon terminated from the diversion program for  
25 failure to comply with program requirements is subject to disciplinary action by the  
26 division for acts committed before, during, and after participation in the diversion  
27 program. The division shall not be precluded from taking disciplinary action for  
28 violations identified in the statement of understanding described in subdivision (b)

1 if a physician and surgeon is terminated from the diversion program for failure to  
2 comply with program requirements. The termination of a physician and surgeon who  
3 has been referred to the diversion program pursuant to subdivision (b) shall be  
4 reported by the program manager to the division.

5 "....

6 "(j) Each physician and surgeon shall sign an agreement that diversion  
7 records may be used in disciplinary or criminal proceedings if the physician and  
8 surgeon is terminated from the diversion program and one of the following  
9 conditions exists:

10 "(1) His or her participation in the diversion program is a condition of  
11 probation.

12 "(2) He or she has a disciplinary action pending or was under investigation  
13 at the time of entering the diversion program.

14 "(3) A diversion evaluation committee determines that he or she presents  
15 a threat to the public health or safety.

16 "...."

17 9. Section 2354 of the Code states:

18 "Each physician and surgeon who requests participation in a diversion  
19 program shall agree to cooperate with the treatment and monitoring program  
20 designated by the program manager. Any failure to complete successfully a treatment  
21 and monitoring program may result in the filing of an accusation for discipline which  
22 may include acts giving rise to the original diversion."

23 10. Section 11173 of the Health and Safety Code states:

24 "(a) No person shall obtain or attempt to obtain controlled substances, or  
25 procure or attempt to procure the administration of or prescription for controlled  
26 substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the  
27 concealment of a material fact.

28 ////

1           “(b) No person shall make a false statement in any prescription, order,  
2 report, or record, required by this division.

3           “(c) No person shall, for the purpose of obtaining controlled substances,  
4 falsely assume the title of, or represent himself to be, a manufacturer, wholesaler,  
5 pharmacist, physician, dentist, veterinarian, registered nurse, physician's assistant, or  
6 other authorized person.

7           “(d) No person shall affix any false or forged label to a package or  
8 receptacle containing controlled substances.”

9           11. Section 822 of the Code provides:

10           “If a licensing agency determines that its licentiate's ability to practice his or  
11 her profession safely is impaired because the licentiate is mentally ill, or physically  
12 ill affecting competency, the licensing agency may take action by any one of the  
13 following methods:

14           “(a) Revoking the licentiate's certificate or license.

15           “(b) Suspending the licentiate's right to practice.

16           “(c) Placing the licentiate on probation.

17           “(d) Taking such other action in relation to the licentiate as the licensing  
18 agency in its discretion deems proper.

19           “The licensing agency shall not reinstate a revoked or suspended certificate  
20 or license until it has received competent evidence of the absence or control of the  
21 condition which caused its action and until it is satisfied that with due regard for the  
22 public health and safety the person's right to practice his or her profession may be  
23 safely reinstated.”

24       ////

25       ////

26       ////

27       ////

28       ////

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Excessive Use of Alcohol or Drugs)**

3 12. Respondent is subject to disciplinary action under Sections 2227, 2234, 2350,  
4 subdivision (e), and 2354, as defined by Section 2239 of the Code, in that Respondent excessively  
5 used alcohol and drugs so as to be a danger to himself and others, as more particularly alleged herein.

6 (a) Respondent suffers from chronic alcohol and opiate addiction and  
7 has a history of depressive symptoms.

8 (b) On or about June 21, 2004, Respondent was admitted to Sharp Mesa  
9 Vista Hospital under a Welfare and Institutions Code 5150 hold for suicidal ideation,  
10 depression and for alcohol detoxification. Respondent's diagnosis at time of  
11 admission was "[m]ajor depressive disorder, rule out hypomania as a confounding  
12 variable[,] [a]lcohol dependence [and] [o]pioid abuse, prescription type."  
13 Respondent's Global Assessment of Functioning (GAF) was listed as  
14 "[a]pproximately 27." While admitted at Sharp Mesa Vista, Respondent attended  
15 chemical dependency and cognitive therapy groups. At the time of Respondent's  
16 discharge, the plan for future treatment included, among other things, follow up with  
17 the Dual Recovery Program where Dr. C.M. was to be his attending physician and  
18 seeking the assistance of a therapist. Respondent was discharged from Sharp Mesa  
19 Vista on or about July 1, 2004.

20 (c) On or about March 12, 2005, Respondent was admitted to Sharp Mesa  
21 Vista Hospital after he relapsed into alcohol and pain medication drugs. Shortly prior  
22 to admission, Respondent had called Dr. C.M. who facilitated his admission after  
23 Respondent reported increased depression and thoughts of suicide. He was admitted  
24 for dual diagnosis of both depression and alcoholism. The diagnosis upon admission  
25 was "[m]ajor depressive disorder[,] [a]lcohol dependence [and] [o]piate abuse." The  
26 GAF score on admission was 35. The medical documentation for this stay indicated  
27 "a history of Vicodin dependence." During this stay, Respondent was "given strict  
28 instructions that any further relapse or decrement to his treatment plan will require

1 that he enter a diversion program through the Medical Board." The plan as indicated  
2 by the consulting physician included detoxification and psychiatric evaluation.  
3 Respondent's aftercare treatment plan included, among other things, attending a Dual  
4 Recovery Group three days a week, following up with his therapist, following up  
5 with Dr. C.M. through the Dual Recovery Program, and Alcoholics Anonymous  
6 every day. Respondent was discharged on March 18, 2005.

7 (d) On or about March 18, 2005, the police were summoned to the  
8 Princess Pub after the manager called the police to report Respondent's belligerent  
9 behavior. Respondent was arrested for disorderly conduct (public intoxication), a  
10 violation of Penal Code section 647, subdivision (f), after refusing to cooperate with  
11 the arresting officer. Respondent was denied admission to a detoxification center for  
12 being uncooperative and was subsequently booked in the County jail.

13 (e) On or about May 1, 2006, Respondent was admitted to Sharp Mesa  
14 Vista after reporting to Dr. C.M. that he was depressed and, once again, abusing  
15 alcohol and Vicodin. Respondent reported drinking alcohol every day, typically after  
16 work, and increasing the amount of Vicodin he was receiving from his primary care  
17 doctor. The reported amount of Vicodin being used was ten (10) five hundred (500)  
18 milligram tablets and "at one point using up to 16 tablets per day."<sup>1</sup> Respondent  
19 admitted to not being forthcoming with his treating physicians and inflating the  
20 amount of pain he was complaining of in order to obtain Vicodin.<sup>2</sup> The diagnosis at  
21 time of admission was "[a]lcohol dependence, current relapse[,] [m]ajor depression[,]

---

22  
23 1. A Controlled Substance Utilization Review and Evaluation System (CURES) Report  
24 run under Respondent's name indicates the following Vicodin prescriptions being filled for  
25 Respondent on the following dates prior to his admission to Sharp Mesa Vista on May 1, 2006:  
26 9-23-05 (60 tablets); 10-7-05 (60 tablets); 10-20-06 (60 tablets); 10-31-05 (60 tablets); 11-4-05  
27 (60 tablets); 11-14-05 (60 tablets); 11-18-05 (120 tablets); 12-9-05 (120 tablets); 12-29-05 (120  
28 tablets); 1-19-06 (120 tablets); 2-8-06 (120 tablets); 2-8-06 (42 tablets); 3-3-06 (120 tablets); 3-  
13-06 (120 tablets); 4-6-06 (120 tablets); and 4-17-06 (240 tablets).

2. During his Physician's Interview of February 26, 2007, Respondent admitted that he  
was not forthcoming with his treating physicians about his history of Vicodin abuse.

1 [o]piate dependence, prescription type, recent relapse[,] [t]reatment non-compliance  
2 [and] [a]nxiety not otherwise specified." His GAF score at time of admission was  
3 "approximately 27." The treatment plan, included among other things, detoxification  
4 from alcohol and opiates, contacting the Medical Board of California, and a post  
5 discharge transfer to an inpatient rehabilitation center. Respondent was discharged  
6 from Sharp Mesa Vista on May 10, 2006.

7 (f) On or about May 10, 2006, Respondent was transferred from Sharp  
8 Mesa Vista to Sharp Vista Pacifica, an inpatient alcohol and drug rehabilitation  
9 program. His diagnosis was essentially the same as indicated above at the time of his  
10 admission to Sharp Mesa Vista. Respondent's discharge plan included being  
11 "discharged to Pathfinders recovery home for a nine-month stay," attending a twelve-  
12 step recovery program, four to five times weekly, attending aftercare at Sharp Vista  
13 Pacifica one time weekly for six months, continuing to work with a psychiatrist to  
14 manage his major depressive disorder, and individual therapy once a week.  
15 Respondent was discharged from Sharp Vista Pacifica on or about May 31, 2006.

16 (g) While at Sharp Mesa Vista, Respondent applied for admission to the  
17 Medical Board's Diversion Program. He was interviewed on or about May 18, 2006,  
18 by A.G., a Diversion Program Case Manager. A memorandum of the Intake  
19 Interview for Respondent indicates, in pertinent part, "Dr. Mabry contacted the  
20 Diversion Program on a previous occasion several years ago. He attended group  
21 meetings for several months, but dropped out of the program after meeting with the  
22 Diversion Evaluation Committee due to his discomfort with the recommendations  
23 of the committee members." On his application form, Respondent indicated  
24 problems with substance abuse and his mental illness (depression). His primary  
25 substance was identified as alcohol and his secondary substance was identified as  
26 hydrocodone. The application form also listed previous rehabilitation attempts at the  
27 Navy Regional Medical Center in Oakland, Vista Pacifica, Rancho La Brie and  
28 [Sharp] Mesa Vista for treatment of his alcoholism and abuse of opiates. As part of



1 the intake process, Respondent was advised of the various terms and conditions that  
2 would apply should he be accepted into the Diversion program. Respondent read and  
3 reviewed the various terms and conditions with the Diversion Program Case Manager  
4 and acknowledged that he understood and agreed to the various terms and conditions.  
5 Due to Respondent's unwillingness to comply with the recommendations of the DEC  
6 in the past, Respondent was advised he would be reported to the Medical Board as  
7 an impaired physician should he fail to fully comply with the terms and conditions  
8 of the current Diversion Program.

9 (h) On or about May 31, 2006, Respondent transferred from Vista  
10 Pacifica to Pathfinders, a long-term residential treatment program.

11 (i) Respondent was formally accepted into the Medical Board's  
12 Diversion Program on July 24, 2006. Respondent was to remain in residence at  
13 Pathfinders until March 2007.

14 (j) On or about October 28, 2006, Respondent, without DEC consent, left  
15 Pathfinders, his residential treatment program. Upon leaving Pathfinders, Respondent  
16 went to his girlfriend's house where he drank a fifth of Gin and continued drinking  
17 over the next few days. During this time, Respondent was also taking Vicodin.

18 (k) On or about November 3, 2006, Respondent voluntarily admitted  
19 himself to Sharp Mesa Vista for detoxification after his relapse with alcohol and  
20 Vicodin, discussed in subparagraph (j), above. At time of admission, Respondent  
21 was severely depressed and contemplating suicide. His diagnosis at time of  
22 admission was major depression, severe and recurrent, without psychosis; alcohol  
23 dependence; treatment noncompliance; anxiety, not otherwise specified; partner  
24 relational problems and nicotine dependence. His GAF score at time of admission  
25 was "[a]pproximately 13." Respondent's medications on discharge were Antabuse,  
26 every morning, Prozac, every morning, and Atenol, twice daily. Respondent was  
27 discharged on November 10, 2006.

28 ////

1           (l)     Respondent, on discharge, and without the consent of his group  
2     facilitator or Diversion program case manager, went to Austin, Texas, where his  
3     parents were located. Respondent remained in Texas for approximately three  
4     months. Upon his return from Texas, Respondent took up residency at ABC Sober  
5     Living.

6           (m)    On or about December 4, 2006, Respondent was sent a letter  
7     informing him he was terminated from the Diversion Program effective November  
8     29, 2006 based on his unwillingness to follow the DEC's recommendations. In that  
9     same letter, the DEC also informed Respondent of its determination that he presented  
10    a threat to the public health and safety, was unable to practice medicine safely, and  
11    that the Medical Board's Enforcement Program would be so notified.

12          (n)    On or about February 26, 2007, Respondent was interviewed by a  
13    Medical Board investigator after Respondent's case was referred from the Diversion  
14    Program due to his noncompliance with the terms and conditions associated with his  
15    admission into Diversion. During this interview, Respondent was asked, among  
16    other things, about his history of abusing alcohol and Vicodin. As part of the  
17    interview, Respondent admitted writing prescriptions for D.S., his former female  
18    companion, for "back pain." Respondent denied ever writing a prescription for  
19    another patient and then using the Vicodin for himself and also denied personally  
20    using any of the Vicodin that he prescribed for D.S.

21          (o)    On or about April 23, 2007, a Medical Board investigator contacted  
22    Respondent's former female companion, D.S., who confirmed that Respondent had  
23    written her prescriptions for Vicodin. Pharmacy records for D.S. show that  
24    Respondent prescribed Vicodin to her which were filled under her name at the Sav-  
25    On Pharmacy located at 313 East Washington Avenue in San Diego on October 15.  
26    2005, January 14, 2006, February 23, 2006 and March 24, 2006. In a follow up  
27    telephone call to the Medical Board on November 16, 2007, D.S. informed a Medical  
28    Board investigator that while she used some of the Vicodin for a cornea injury and

1 root canal pain, the majority of Vicodin was used by Respondent. D.S. also informed  
2 the investigator that she got other Vicodin prescriptions in her name which were  
3 ultimately used by Respondent. Pharmacy records from Long's Drug Store in  
4 Mission Valley indicated Vicodin prescriptions were prescribed by Respondent under  
5 D.S.'s name and filled on April 10, 2003, May 10, 2003, June 11, 2003 and July 4,  
6 2003.

7 (p) On or about December 28, 2007, Respondent was contacted by a  
8 Medical Board investigator. During this conversation with the Medical Board,  
9 Respondent indicated he was still living at ABC Sober Living and had no definite  
10 plans about moving out. Respondent stated he was in the process of attempting to  
11 get his old job back from Sharp Rees-Stealey Medical Group and that he wanted to  
12 work part-time. Respondent admitted to getting more narcotics than he really needed  
13 from his treating physicians. When confronted with D.S.'s statement about  
14 Respondent writing her prescriptions for Vicodin under her name, the majority of  
15 which he ultimately used, Respondent admitted to taking "some" of the Vicodin for  
16 his own personal use. Respondent was not sure whether he documented the Vicodin  
17 prescriptions written to D.S., in a medical record.

## 18 **SECOND CAUSE FOR DISCIPLINE**

### 19 **(Acts of Dishonesty or Corruption)**

20 13. Respondent is further subject to disciplinary action under section 2227, 2234,  
21 2350, subdivision (e), and 2354, as defined by Section 2234, subdivision (e) of the Code, in that  
22 Respondent engaged in dishonesty, substantially related to the qualifications, functions, or duties of  
23 a physician, as more particularly alleged hereinafter.

24 (a) Paragraph 12, above, is hereby incorporated by reference as if fully  
25 set forth herein.

26 (b) Respondent issued prescriptions for Vicodin to his female companion,  
27 D.S., and then used Vicodin from these prescriptions for his personal use;

28 ////

1 (c) During his Medical Board Physician's Interview of April 26, 2007,  
2 Respondent denied ever writing a prescription for another patient and then using the  
3 Vicodin for himself and also denied ever personally using any of the Vicodin that he  
4 prescribed for D.S.; and

5 (d) Respondent failed to disclose his history of Vicodin abuse and  
6 overstated his complaints of pain to his treating physicians in order to more easily  
7 obtain prescriptions of Vicodin.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Violation of State Statute Regulating Dangerous Drugs and Substances by Obtaining**  
10 **Controlled Substances Through Fraud, Deceit or Misrepresentation)**

11 14. Respondent is further subject to disciplinary action under section 2227, 2234,  
12 2238, 2350, subdivision (e), and 2354, in that he has violated a state statute, Health and Safety Code  
13 section 11173, regulating dangerous drugs and substances by obtaining or attempting to obtain  
14 controlled substances by fraud, deceit, misrepresentation, subterfuge and/or by concealment of a  
15 material fact, as more particularly alleged hereinafter.

16 (a) Paragraphs 12 and 13, above, are hereby incorporated by reference  
17 as if fully set forth herein.

18 **SECTION 822 CAUSE FOR ACTION**

19 **(Mental Illness Affecting Competency)**

20 15. Respondent's Physician's and Surgeon's Certificate No. G52265 is subject to  
21 action under section 822 of the Code in that he suffers from mental illness affecting competency as  
22 more particularly alleged hereinafter:

23 (a) Paragraph 12, above, is hereby incorporated by reference as if fully  
24 set forth herein.

25 (b) Respondent suffers from the mental illness of major depressive  
26 disorder, recurrent, along with alcohol and opiate dependence, which has resulted in  
27 multiple admissions to psychiatric facilities and residential facilities for treatment of  
28 his depression and alcohol and opiate dependence.

1 (d) Respondent's mental illness of major depressive disorder, recurrent,  
2 and alcohol and opiate dependence, if not properly treated, impacts Respondent's  
3 ability to safely practice medicine and to care for himself and others.

4 **PRAYER**

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
6 alleged, and that following the hearing, the Medical Board of California issue a decision:

7 1. Revoking or suspending Physician's and Surgeon's Certificate Number  
8 G52265, issued to QUINCE LEE MABRY, M.D. ;

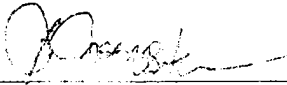
9 2. Revoking, suspending or denying approval of QUINCE LEE MABRY, M.D.'s  
10 authority to supervise physician's assistants, pursuant to section 3527 of the Code;

11 3. Taking action as authorized by section 822 of the Code, as the Board, in its  
12 discretion, deems proper and necessary;

13 4. Ordering QUINCE LEE MABRY, M.D. to pay the costs of probation  
14 monitoring to the Division, if placed on probation; and

15 5. Taking such other and further action as deemed necessary and proper.

16  
17 DATED: March 13, 2008

18  
19   
20 BARBARA JOHNSTON  
21 Executive Director  
22 Medical Board of California  
23 Department of Consumer Affairs  
24 State of California  
25 Complainant

26 SD2008800186

27 80210990.wpd